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# Psychological Aspects of Dialysis

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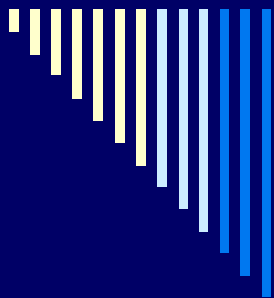


# Interaction between Physical Illness and Psychological status

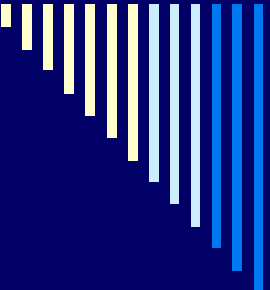


**Medical  
illness**

**Psychological  
|  
Distress**



## ***A- Impact of Medical illness on Psychological well-being***



# ***Medical Illness***

**Physical  
Symptoms**

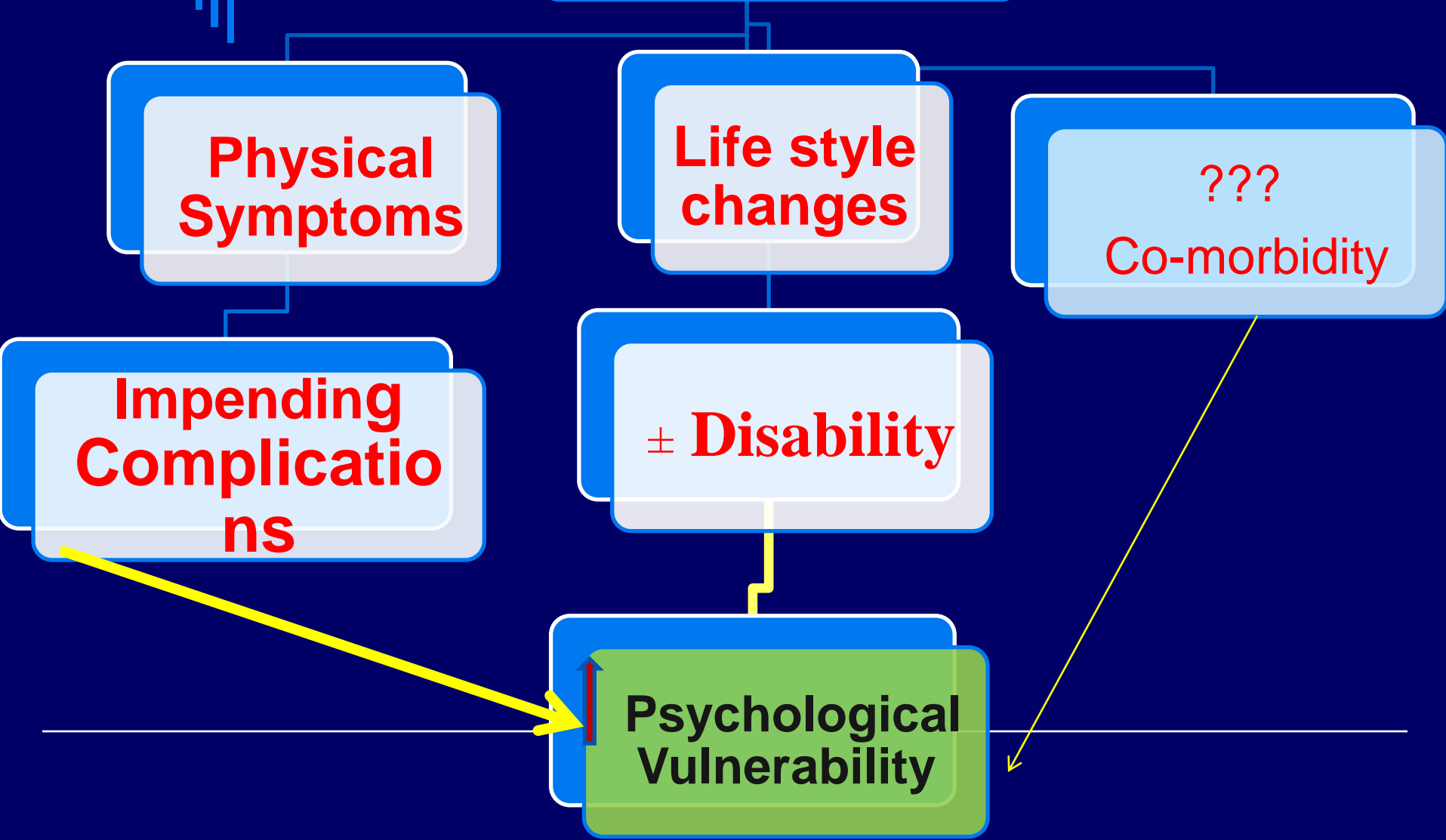
**Life style  
changes**

**???**  
**Co-morbidity**

**Impending  
Complicatio  
ns**

**± Disability**

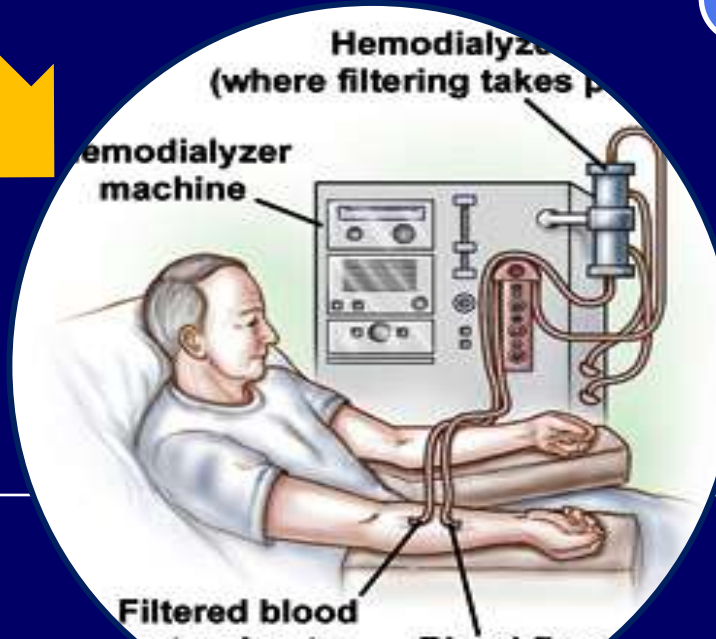
**Psychological  
Vulnerability**



# *What about Patients on Hemodialysis?*

Burden  
of Renal  
Disease

Burden  
of  
Dialysis





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# Epidemiology

- 25 – 50% of hemodialysis patients have depressive disorder
  - & concomitant ratio of lower QOL
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# Burden of Hemodialysis

## **Biologic**

All + electrolyte  
imbalance,

## **Psychological**

(Depression,  
anxiety,  
restrictions,  
life style,  
inadequacy &  
sense of  
loss)

## **Social**

dependency  
,  
caregiver, ..



# Predisposition to Depression in Hemodialysis Patients

- ❖ Patients are exposed three times per week,
  - ❖ Numerous changes that they face on their *lifestyle* habits
  - ❖ Dependence on HD and medical staff,
  - ❖ Loss of job and social position, Reduced financial status,
  - ❖ Dietary regime,
  - ❖ Sexual dysfunction,
  - ❖ Anxiety regarding mortality
-



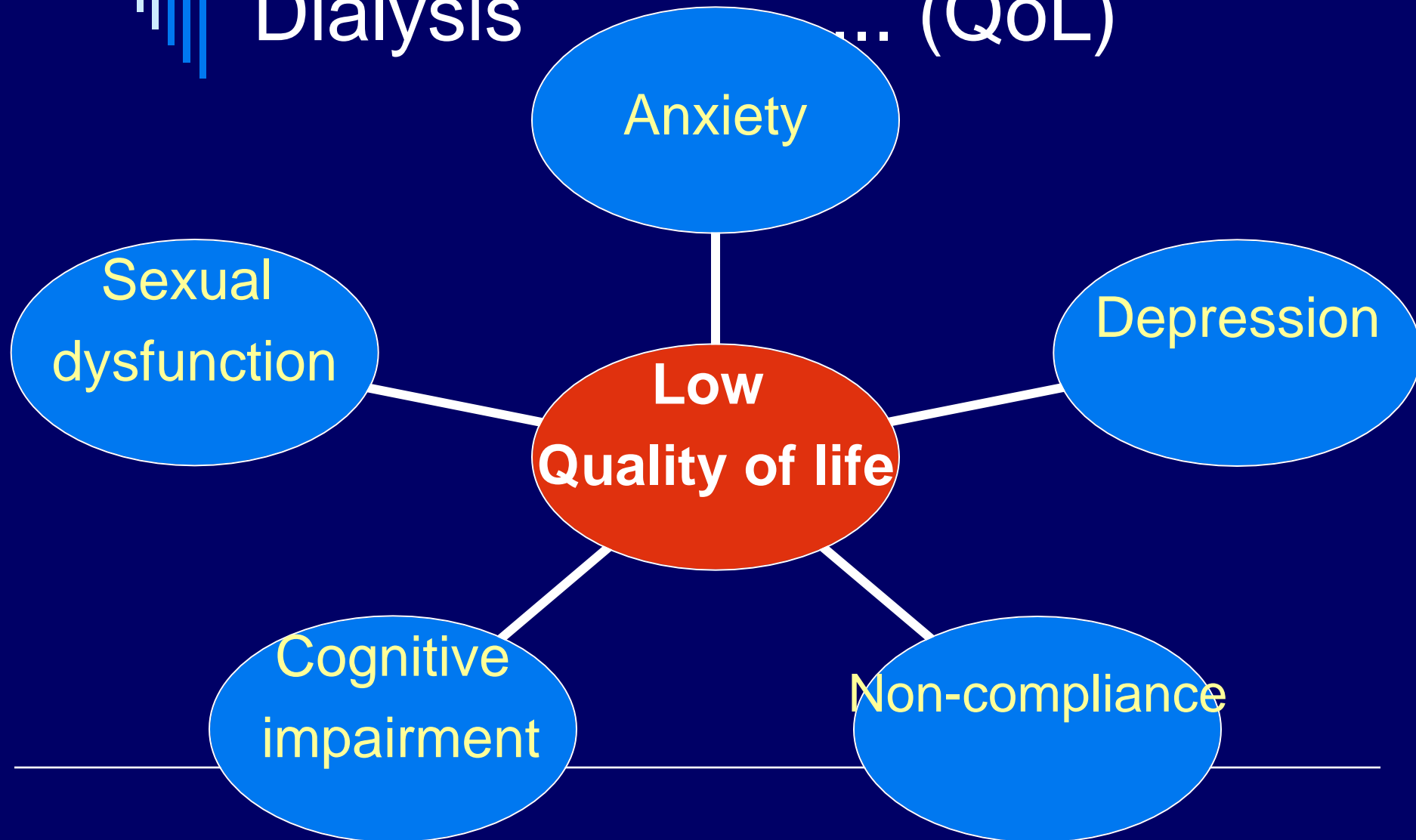


# Psychological Complications of Dialysis

- ☐ Delirium
  - ☐ Dementia
  - ☐ Anxiety, depression symptoms
  - ☐ Anxiety /depressive Disorders
  - ☐ Suicide
  - ☐ Aggression
  - ☐ Sexual dysfunction
  - ☐ Non-compliance
-



# .....Psychological Aspects of Dialysis ..... (QoL)





# Other Factors Affecting QOL in Haemodialysis patients

## I- Illness Factors

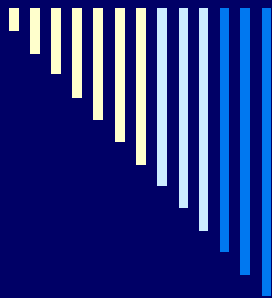
(chronic, serious, disability)

## II- Symptoms pressure: (pain, sleep, ....)

## III- Treatment Factors

## IV- Social factors: degree of support, financ.,

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.....*However,*

The psychological response of pts to  
HD will mostly depend on:

- \*\*premorbid personality,
- \*\*support by family
- \*\*comorbid illness



## ***Types of Depression:***

**Depression**



```
graph TD; A[Depression] --> B[Major Depression]; A --> C[Adjustment dis.]; A --> D[Depression due to general medical condition];
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**Major  
Depression**

**Adjustment  
dis.**

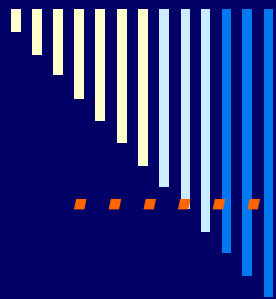
**Depression due  
to general  
medical  
condition**

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## *Diagnostic Criteria*

1. Depressed mood
2. Loss of interest or pleasure (anhedonia)
3. Significant weight loss/gain
4. Insomnia or hypersomnia
5. Psychomotor agitation or retardation

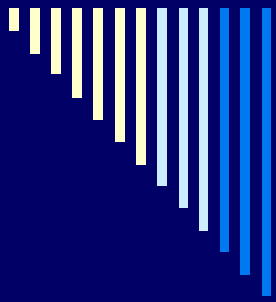




## *.....Diagnostic Criteria*

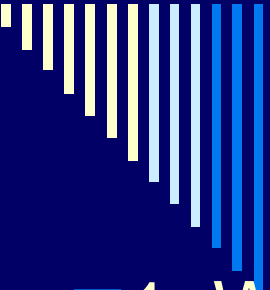
6. Fatigue or loss of energy
7. Inappropriate guilt
8. Diminished ability to think or concentrate
9. Recurrent thoughts of death
10. Suicidal ideation/intent

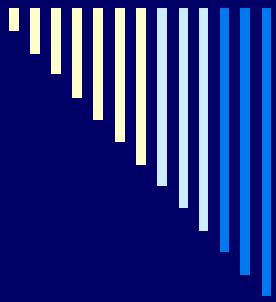




## ***B- Impact of Depression on Chronic Medical illness***

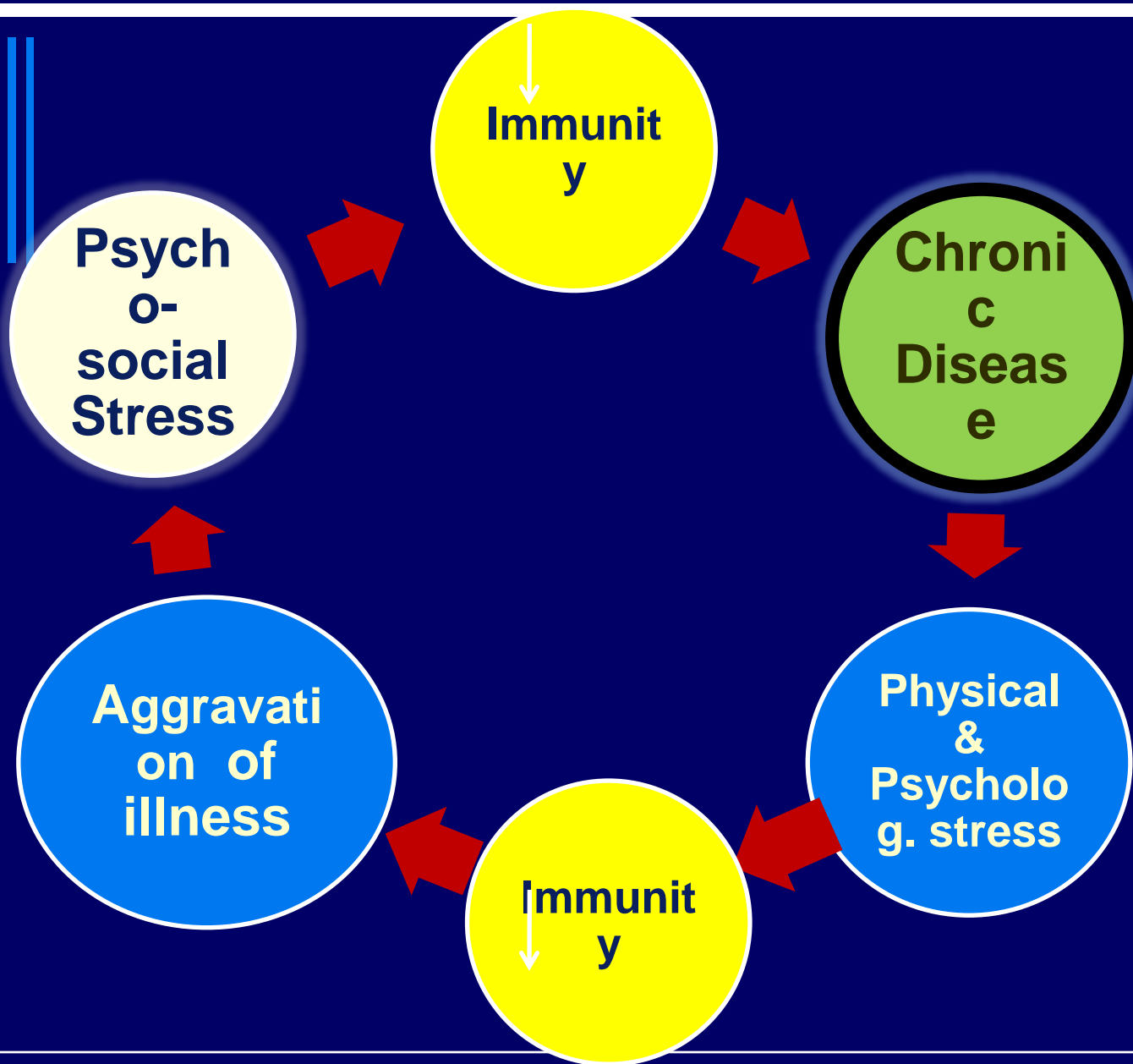


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- 
- 1. Worsening of the medical condition
  - 2. Non-adherence to ttt
  - 3. Masking of some medical symptoms which may lead to misdiagnosis.
  - 4. Social impact
-



*Why ???*







## ***Difficulty in diagnosis of depression in patients with chronic illness***

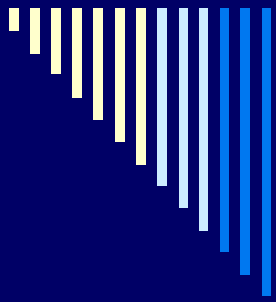
1- Overlap of symptoms

e.g. Fatigability, partial physical disability, cognitive impairment, sleep disturbances

2-Masked onset

3- Difficult demarcation between appropriate psychological reaction and pathological condition

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## ***Tips for Successful Adjustment:***

- ☐ **Education**
- ☐ **Professional help**
- ☐ **Communication**
- ☐ **Attitude**
- ☐ **Sense of humor**
- ☐ **Activity**



# 1- Drug Therapy

## **1- Antidepressants:**

Tricyclic: side effects

SSRIs: Fluoxetine, Sertraline, Paroxetine

(Citalopram & Escitalopram in lower dose)

SNRIs: Venlafaxine (not Duoxetine)

Bupropion

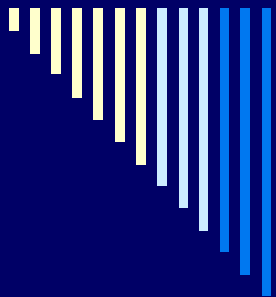
**2- Anxiolytic:** alprazolam, lorazepam,  
bromazepam, diazepam

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## 2- Psychotherapy

1. Cognitive Behavioral Therapy (CBT)
2. Interpersonal therapy/ brief Psychotherapy
3. Psycho-education
4. Family therapy





Thank you

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